## **CROW TRIBE EXECUTIVE BRANCH**

DEPARTMENT OF ENROLLMENT & PER CAPITA P.O. Box 159 CROW AGENCY, MT 59022

## **Request for Certificate of Indian Blood (CIB)**

**DIRECTIONS:** This form is used to request a Certificate of Indian Blood, or CIB. Only an individual or parent/legal guardian who holds custody of a minor may request this form on behalf of that minor. Complete **Section A** to request a CIB for yourself; complete **Section B** to request a CIB for a minor who is legally in your custody. Because CIB's contain confidential information, you must have a notary complete **Section C** to prove your identity if you are not making the CIB request at the Enrollment Department office (i.e. you are sending the form in the mail or electronically).

Section A: Individual I	Request			
1. Name (FIRST — M.I. — LAST)			2. Date of Birth	3. Enrollment Number (E.G. 202U123456)
	of This			
Signature	Unite Calle			Date
C				O
Section B: Request for a Minor				
1. Name of Child (FIRST — MIDDLE — LAST)		CHALL I	2. Date of Birth (MM/DD/YYYY)	3. Enrollment Number (E.G. 202U123456)
	3003	METHY	1156	33/20
4. Name of Parent/Legal Guardian  (FIRST — M.L — LAST)		5a. Do you have custody of the above-named minor?		
nn i	238			Ves No
5b. If "Yes," does Enrollment & Per Capita have documentation on file to support your custody claim?				
0			No	(3)
Signature n		/ \ /		Date
Section C: Notary Section (must be completed)				
STATE OF				
COUNTY OF				
ON BEFORE ME,				
ONBEFORE ME,(NOTARY)				
PERSONALLY APPEARED, (SIGNERS)				
PERSONALLY KNOWN TO ME			W	VITNESS my hand and official seal
				(NOTARY SIGNATURE)
Enrollment Office Use Only				
Family Number	Date Issued	Enrollment Staff — Print Name and Sign		